

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation)
Against:)**

KARIN S. VON GLINSKI, M.D.)

Case No. 12-2013-235563

**Physician's and Surgeon's)
Certificate No. G77578)**

Respondent)

DECISION AND ORDER

**The attached Stipulation and Order After Reconsideration is hereby
adopted as the Decision and Order of the Medical Board of California,
Department of Consumer Affairs, State of California.**

This Decision shall become effective at 5:00 p.m. on June 9, 2017.

IT IS SO ORDERED May 10, 2017.

MEDICAL BOARD OF CALIFORNIA

**By: Michelle Anne Bholat M.D.
Michelle Anne Bholat, M.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5539
6 Facsimile: (415) 703-5480
Attorneys for Complainant

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 12-2013-235563
OAH No. 2016091155

11 KARIN S. VON GLINSKI, M.D.
12 Kaiser Permanente Orthopedics
1425 South Main Street
13 Walnut Creek, CA 94796

**STIPULATION AND ORDER AFTER
RECONSIDERATION**

14 Physician's and Surgeon's Certificate No. G77578

15 Respondent.

16
17 The parties to the above-titled administrative action hereby stipulate that the following
18 matters are true and correct:

19 1. On or about September 15, 1993, the Medical Board issued Physician's and
20 Surgeon's certificate number G77578 to Karin S. Von Glinski, M.D. (Respondent). Said
21 certificate is current and valid and unless renewed will expire on July 31, 2017.

22 2. On August 16, 2016, Kimberly Kirchmeyer (Complainant) acting solely in her
23 official capacity as Executive Director of the Medical Board filed Accusation no. 12-2013-
24 235563 against Respondent. Respondent timely requested a hearing on the Accusation.

25 3. On December 12, 2016, a hearing was held before an Administrative Law Judge of
26 the Medical Quality Panel of the Office of Administrative Hearings. At the time of the hearing,
27
28

1 the parties and their counsel were unaware that Respondent's duties at Permanente Medical
2 Group and Kaiser Hospitals required that she supervise physician assistants; hence, that matter
3 was neither the subject of testimony nor was it briefed for review by the Medical Board.

4 4. On February 15, 2017, the Medical Board adopted the proposed decision of the
5 Administrative Law Judge. That decision placed Respondent on probation for five years with
6 terms and conditions. At p. 14, ¶7, the decision provided that Respondent was prohibited from
7 supervising physician assistants while on probation.

8
9 5. On March 7, 2017, Respondent petitioned the Board for reconsideration of its
10 decision. The basis for Respondent's petition was that her restriction from supervision of
11 physician assistants would render it impossible for her to perform her job duties in surgical and
12 clinical settings at Permanente Medical Group and Kaiser Hospitals.

13 6. On March 10, 2017, Complainant filed a Statement of Non-Opposition to
14 Respondent's petition, provided that any exception created to application of ¶7 be limited to
15 Respondent's employment with the Permanente Medical Group and Kaiser Hospitals and not to
16 any employment outside the Kaiser hospital and clinic settings.

17
18 7. On March 17, 2017, the Board stayed the execution of the decision for purposes of
19 determining whether to grant reconsideration. On March 27, 2017, the Board granted
20 reconsideration.

21 WHEREFORE, the parties stipulate that the following Order modifying the Decision and
22 Order, dated February 15, 2017, may be entered without further proceedings:

23 During probation, Respondent is prohibited from supervising physician assistants, provided
24 that this restriction shall not apply to Respondent's employment with the Permanente Medical
25 Group and/or Kaiser Hospitals in the hospital and clinical settings.
26

27 //

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1
2 IT IS SO STIPULATED.

3 Dated: April 4, 2017

SLOTE, LINK & BOREMAN, LLP

4 

5 MARGLYN E. PASEKA

6
7 Dated: 04/04/2017

8 

9 KARIN S. VON GLINSKI, M.D.

10 Dated: 4/6/2017

11 XAVIER BECERRA
12 Attorney General of California
13 JANE ZACK SIMON
14 Supervising Deputy Attorney General

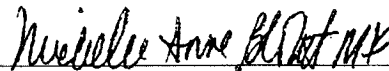
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16 LAWRENCE MERCER
17 Deputy Attorney General

18
19 IT IS SO ORDERED.

20 MEDICAL BOARD OF CALIFORNIA

21 By:

22 

23 MICHELLE ANNE BHOLAT, M.D.
24 Chair, Panel B

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**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)	
)	
)	MBC File No. 12-2013-235563
Karin S. Von Glinski, M.D.)	
)	OAH No: 2016091155
Physician's and Surgeon's)	
Certificate No. G77578)	
)	
_____ Respondent or Petitioner.)	

ORDER GRANTING RECONSIDERATION

The proposed decision of the administrative law judge in the above captioned matter was adopted by the Board on February 15, 2017, and was to become effective on March 17, 2017. Thereafter an Order Granting Stay was issued and effective March 27, 2017. A Petition for Reconsideration under Government Code Section 11521 was filed in a timely manner by respondent.

The petition for reconsideration having been read and considered, the Board hereby orders reconsideration. The Board itself will reconsider the case based upon the entire record of the proceeding, including the transcript. Both complainant and respondent will be afforded the opportunity to present written argument to the Board. You will be notified of the time for submitting written argument. **In addition to written argument, oral argument may be scheduled if any party files with the Board, a written request for oral argument within 20 days from the date of this notice.** If a timely request is filed, the Board will serve all parties with written notice of the time, date and place of oral arguments. The Board directs the parties attention to Title 16 of the California Code of Regulations, Sections 1364.30 and 1364.32 for additional requirements regarding the submission of oral and written argument.

Your right to argue any matter is not limited, however, no new evidence will be heard. The Board is particularly interested in the reconsideration of the penalty order.

The decision with an effective date of March 27, 2017, is stayed. This stay shall remain in effect until the Board issues its decision after reconsideration. For its own use, the Board has ordered a copy of the hearing transcript and exhibits. At your own expense, you may order a copy of the transcript by contacting the transcript clerk at: Diamond Court Reporters, 1107 2nd Street, Suite 210, Sacramento, CA 95814, (916) 498-9288.

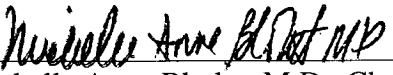
To order a copy of the exhibits, please submit a written request to this Board.

The address for serving written argument on the Board is:

Robyn Fitzwater, Discipline Coordination Unit
Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-3831

Please submit an original and 1 copy.

IT IS SO ORDERED: March 27, 2017



Michelle Anne Bholat, M.D., Chair
Panel B

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

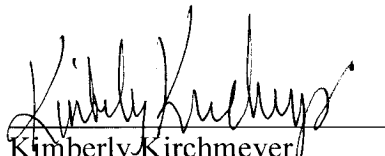
In the Matter of the Accusation Against:)	
)	MBC No. 12-2013-235563
)	
KARIN S. VON GLINSKI, M.D.)	
)	
Physician's & Surgeon's)	ORDER GRANTING STAY
Certificate No. G 77578)	
)	(Gov't Code Section 11521)
)	
_____ Respondent)	

Marglyn E. Paseka, Esq., on behalf of respondent, Karin S. Von Glinski, M.D., has filed a Request for Stay of Decision and Petition for Reconsideration of the Decision in this matter with an effective date of March 17, 2017.

Execution is stayed until March 27, 2017.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: March 16, 2017.



Kimberly Kirchmeyer
Executive Director
Medical Board of California

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation)	
Against:)	
)	
KARIN S. VON GLINSKI, M.D.)	Case No. 12-2013-235563
)	
Physician's and Surgeon's)	
Certificate No. G77578)	
)	
Respondent)	
_____)	

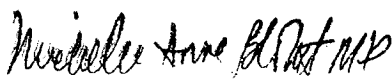
DECISION AND ORDER

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 17, 2017.

IT IS SO ORDERED February 15, 2017.

MEDICAL BOARD OF CALIFORNIA

By: 
**Michelle Anne Bholat, M.D., Chair
Panel B**

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 12-2013-235563

KARIN S. VON GLINSKI, M.D.

OAH No. 2016091155

Physician's and Surgeon's Certificate
No. G77578

Respondent.

PROPOSED DECISION

Administrative Law Judge Mary-Margaret Anderson, State of California, Office of Administrative Hearings, heard this matter on December 12, 2016, in Oakland, California.

Deputy Attorney General Lawrence Mercer represented Complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California.

Adam Slote, Attorney at Law, represented Respondent Karin S. Von Glinski, M.D., who was present.

The record closed on December 12, 2016.

FACTUAL FINDINGS

1. On September 15, 1993, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. G77578 to Karin S. Von Glinski, M.D. (Respondent). Respondent's certificate will expire on July 31, 2017, unless renewed.

2. On August 16, 2016, Complainant Kimberly Kirchmeyer, acting in her official capacity, issued an Accusation against Respondent. Respondent filed a Notice of Defense and this hearing followed.

3. The Accusation alleges cause for license discipline for unprofessional conduct for Respondent's dangerous use of alcohol and two alcohol-related criminal convictions.

4. The standard of proof applied in making the factual findings set forth below is clear and convincing evidence to a reasonable certainty.

Background

5. Respondent was born in Germany and grew up in Colorado. She earned a bachelor's degree in Physics from the University of California at Berkeley and worked for a time in Alaska and Austria. Respondent began medical school at age 32 at the University of Colorado in Denver. She completed a residency in orthopaedic surgery in 1997 at the University of California, San Francisco. Respondent completed a fellowship in orthopaedic trauma in Germany. She is board certified in orthopaedic surgery.

6. Respondent has practiced with the Kaiser Permanente Medical Group since 1998. She works in the Walnut Creek facility, and also at Pleasanton and Antioch. Respondent loves both surgery and clinical care, viewing them as different roles. She enjoys working with patients to restructure their fears and provides more holistic care than surgeons generally provide.

Criminal convictions

7. On February 2, 2009, in the Solano County Superior Court, Respondent was convicted by her plea of no contest of a misdemeanor violation of Vehicle Code section 23103.5, alcohol-related reckless driving. She was originally charged with violations of Vehicle Code sections 23152, subdivision (a), driving under the influence of alcohol, and 23152, subdivision (b), driving with a blood alcohol content of 0.08 percent or more.

Respondent received the same sentence that is normally imposed following a first driving under the influence (DUI) conviction. She was placed on probation for three years under conditions that included paying fines and fees and completing the first-time offender drinking driver program. Respondent completed her probationary term without incident in 2012.

8. The arrest that led to Respondent's 2009 conviction occurred on July 21, 2007 at 9:41 p.m. in Benicia. The police report states that Respondent was pulled over after she attempted a left hand turn from outside the turn lane and almost hit another vehicle. The officers observed a strong odor of alcohol, bloodshot and watery eyes, and slightly slurred speech. Respondent told the officers that she had consumed one glass of wine with dinner. Both breath and blood tests revealed a blood alcohol content of 0.11 percent.

9. Respondent testified that she had been at a party at a friend's house in Benicia, that afternoon. She had two or three alcoholic drinks, but does not remember what kind. She thought the road had three lanes and did not fully recognize the turning restrictions. She thought she could safely turn left and did not entirely see the vehicle behind her.

10. On February 27, 2014, in the Marin County Superior Court, Respondent was convicted by her plea of guilty to a misdemeanor violation of Vehicle Code section 23152, subdivision (b), driving with a blood alcohol content of 0.08 or more. The conviction was enhanced by her prior conviction for alcohol-related reckless driving.

Respondent was placed on probation for three years under certain terms and conditions, including paying fines and fees totaling \$2,669. She was also ordered to enroll in and complete the post-conviction drinking driver 18-month program and serve 15 days in jail through an alternative program. Respondent has completed the requirements of criminal probation, except serving the full three years. She remains on probation, including with an interlock device on her car, until February 2017.

11. The arrest that led to the 2014 conviction occurred on September 14, 2013, at 2:42 a.m. in Sausalito. An officer saw Respondent driving northbound on Highway 101, drifting in and out of the number four lane. After the stop, the officer observed Respondent to have a strong odor of alcohol, red and watery eyes and be slow to respond to his questions. She lost her balance while walking to his patrol car. Respondent was unable to successfully complete the field sobriety test. An alcohol screening breath test at 3:13 a.m. revealed 0.15 percent blood alcohol. A subsequent blood test, from a sample taken almost two hours post-arrest, revealed a blood alcohol level of 0.16 percent.

12. Respondent testified that the night before her arrest, a Friday, she had a glass of wine at home. A friend and colleague who was retired and struggling with the early stages of dementia, telephoned and asked her to go to dinner with him in Sausalito. She initially declined, because she had been drinking. They spoke on the telephone for approximately one and one-half hours. At that point, Respondent felt she was well enough to drive, and although she knew she would consume more alcohol at the dinner, she accepted because it was arranged that she would spend the night.

Respondent drove to Sausalito and they walked to a restaurant from the friend's home. Respondent consumed two "oyster shooters," which are oysters in a glass with vodka. They also drank wine with dinner and cognac at the friend's home. Respondent went to bed at 11:00 or 11:30 p.m., in a different bedroom than her friend, but could not sleep due to his loud snoring. At that point, Respondent stated that she "broke the plan." She thought enough time had passed since she drank, but now acknowledges that she "was not in a position to judge that." She left a note and began driving home to Berkeley (approximately 25 miles away) when she was stopped by police.

Psychological evaluation

13. Mark R. Zaslav, Ph.D., is a clinical psychologist who practices psychotherapy in Corte Madera. He also performs forensic evaluations and is a specialist in the treatment of substance abuse. Dr. Zaslav is a highly trained and experienced expert in alcoholism and substance use disorders. He performed a psychological evaluation of Respondent to

determine whether she is a “substance-abusing licensee” who should be subject to the Board’s guidelines for such licensees.

14. Dr. Zaslav reviewed all the documents relevant to this case, including the Accusation, letters of reference, police reports, and Kaiser Performance Reviews. He interviewed Respondent for two hours, and administered three hours of psychological testing. Dr. Zaslav authored a written report and testified at hearing. He was credible and persuasive.

15. The Minnesota Multiphasic Personality Inventory – 2 is one of the tests Dr. Zaslav administered. He finds it very helpful for assessing personality and psychological functioning. Respondent’s test results were valid, and

indicated that [Respondent] is a well adjusted person who does not manifest a mental disorder that would impair her ability to function as a physician. . . . Overall, this profile suggests that she functions well and is psychologically stable.

16. Dr. Zaslav explained that substance use disorder is a diagnosis that can vary from mild to severe. The diagnosis identifies a person who compulsively uses substances in an escalating trajectory that causes problems. It can take over the person’s life and result in adverse consequences. Based on all of the facts, including his clinical assessment, psychological testing, and her history, Dr. Zaslav opined that Respondent does not have a substance use disorder or any other mental disorder.

17. Dr. Zaslav observed that Respondent is open and non-defensive. He found her to be “quite strict with herself.” He said that alcoholics tend to make excuses, are in denial, and minimize their problems. Respondent has the ability to work and function well in society. She is very physically fit and physically active. She has questioned her relationship with alcohol and decided to limit her drinking. These facts are inconsistent with a serious alcohol problem.

18. The Michigan Alcoholism Screening Test (MAST) is widely used. Respondent’s score was “4,” (in the range of early problem drinking) but Dr. Zaslav attributed her responses to guilt about drinking in light of the DUI convictions, and her attendance at some LifeRing (a recovery program) meetings.

19. As regards the convictions, Dr. Zaslav opined that two convictions in a six-year period are not valid evidence of psychopathology. They can merely be the result of “the bad decisions that people make.” In Respondent’s case, he opined they were the result of isolated instances of poor judgment and not indicative of a disorder.

20. In sum, Dr. Zaslav concluded that

Upon clinical examination, psychological testing and review of history, [Respondent] is a high-functioning individual with an impressive level of achievement as an orthopedic surgeon for the past 18 years. She tends to be highly self-reliant and does not entertain excuses for her difficulties, despite significant challenges in her life. Letters from her colleagues indicate that she is a highly respected professional who garners acknowledgement for her skills as a physician as well as her passion for volunteering to deliver surgical services in developing countries. The current examination reveals no indication that [Respondent] suffers from a mental disorder.

Respondent's additional testimony

21. Respondent has spent considerable time and effort analyzing her relationship with alcohol. After the first DUI, she attended some meetings of the LifeRing program, which is similar to Alcoholics Anonymous, but does not follow the 12-step model. She wanted to hear other people's stories as a type of check on her conduct. Over time, she felt it was not a constructive use of her time because it was distressing to hear about the other attendee's lifestyles and Respondent felt she did not fit in. Also, the Monday meeting times did not work with her schedule and her need to travel to care for her ailing mother.

After the second DUI, Respondent considered a more formal alcohol program. She inquired about Kaiser's Chemical Dependence Recovery Program (CDRP) and met with a psychiatrist to consider attending. CDRP would have worked with her work schedule, but she was advised that Kaiser would not permit its physicians to attend. Respondent also looked at a program at John Muir, but did not feel she needed one for personal reasons and was advised that attending would not "ipso facto protect [her] medical license."

22. Respondent does not believe she has a problem generally with alcohol use. She does not crave alcohol and is fine drinking other beverages at social gatherings. Where she has identified a problem is in situations, like the Sausalito evening, where others order for her or her glass is repeatedly refilled without attention on her part. Respondent had a plan the night of her arrest in Sausalito, and it is clear that she struggles with why she broke it and attempted to drive home. She thought that enough time had passed so that she could safely drive, but her judgment was clearly still impaired in that she had a very high blood alcohol level several hours after consuming her last drink. This inability to control the situation when others are ordering and pouring has led her to change her behavior in these situations. For example, Respondent attends a yearly gathering of orthopaedists in Sun Valley, Idaho, for skiing and professional activities. The group is almost entirely male, and a lot of alcohol is consumed. Respondent has chosen to abstain completely at this event. She plans ahead and drinks only water.

Respondent does drink in her home when she hosts dinner parties, although minimally, as she is responsible for cooking and “getting the food on the table.” She also notes that as she is home, there is no danger she will drive. Respondent asserts that she has never consumed alcohol before or during working as a physician or been under the influence at work.

23. Respondent provides service to volunteer organizations. She has traveled to other countries, for example, to El Salvador, and worked with teams to perform joint replacement procedures. Locally, Respondent volunteers with Operation Access, which provides care for patients without insurance or the means to purchase medical care.

References

24. Each of the references identified below is aware of Respondent’s DUI convictions and the Accusation.

25. Stephen Silvani, M.D., is a podiatric surgeon with Kaiser Walnut Creek. He wrote a letter dated October 31, 2016, and testified at hearing. Dr. Silvani met Respondent when she came to Kaiser in 1998. Her office is three doors down from his and they “interact constantly on a close, mutually respectful, and collegial basis.” Dr. Silvani has not seen any indication in the 19 years they have worked together that Respondent might have a problem with any type of substance abuse. He describes Respondent as an excellent and compassionate surgeon who cares deeply about her patients, and who often “goes the extra mile” for difficult cases.

26. Ronald Stradiotti, M.D., has worked as an orthopaedic surgeon at Kaiser for 35 years. He works at the Vallejo facility. He wrote a letter dated August 23, 2016, and testified at hearing. Dr. Stradiotti has known Respondent for over 20 years, and has worked with her professionally and socially through a fracture study group. When Dr. Stradiotti sustained a complicated knee fracture four years ago, he chose Respondent as his operating surgeon. They have also shared patient care. He has never seen any indication that Respondent might have a problem with drugs or alcohol. And since the last DUI, “she just does not drink.”

27. Lisa Lawlor is a surgical technologist at Kaiser in Antioch. She has worked with Respondent for almost 15 years. She wrote a letter dated November 6, 2016, and testified at hearing. She has never seen Respondent impaired due to alcohol in any social or professional setting. Lawlor grew up in a family that experienced alcohol abuse, and Lawlor has noted none of the characteristics of abuse in Respondent. When Respondent told Lawlor about the DUI’s, she shared that she was embarrassed and ashamed, and also remorseful and committed to avoiding future problems of that nature.

28. Jeff White has been a friend of Respondent’s since college, and they now live in the same neighborhood. He wrote a letter dated November 5, 2016, and testified at hearing. White was previously a mental health professional and is now a project manager for

construction projects. They enjoy social gatherings and outdoor activities together. Respondent told White about the first arrest shortly after it occurred, and the second within a few days afterwards. They discussed the situation both times, although the second conversation was more intense. Respondent "was devastated." White attempted to help Respondent discover what had led her to her situation and figure out what she could do to prevent such in the future.

In the last ten years, White has observed Respondent drink alcohol in social settings. When she hosts a dinner party she will have a glass of wine. When she is out, she will "studiously avoid drinking especially if she is working the next day." They have explored her choosing not to drink at all, but concluded that total abstinence was not necessary or called for.

White described Respondent as generous, nurturing, and disciplined. She insists on integrity in herself and in others. White has seen Respondent grow in self-knowledge from the DUI incidents, and he has "been impressed by the efforts she has made to guarantee that she will never be in danger of the same failure in civil and personal responsibility."

29. Debbie Burrow is a real estate broker. She wrote a letter dated November 6, 2016, and testified at hearing. She is a prior patient of Respondent's. They met in 2007, and Respondent eventually performed four surgeries on one of Burrow's knees. The surgeries were successful, and Burrow is still able to snow ski. In 2010, Burrow and Respondent discovered that they had mutual friends and developed their own close friendship. They go to plays and museums and have gone on vacation together.

Since the DUI's, Burrow has observed Respondent to "beat up on herself," take stock of her life, and be remorseful and embarrassed. Burrow was surprised that the first incident occurred, and she does not believe there will be another. Respondent has changed, and although she does drink, she drinks less. Their activities include learning to do new physical activities, yoga retreats, and attending the Shakespeare Festival. They also ski and hike together. When they go out to dinner, Respondent often does not consume alcohol.

Burrow continues to refer patients to Respondent. She has had no indication that Respondent is a problem drinker; she has never seen any signs of excessive drinking or "being hung over." Burrow described Respondent as a highly professional physician who "puts her patients needs before her own."

30. Debra R. Schenk, M.D., is the Assistant Physician in Chief of the Permanente Medical Group in the Diablo Service Area. She wrote a letter dated December 21, 2015. Dr. Schenk is also an orthopaedic surgeon and has "worked directly" with Respondent for 16 years. She reported that Respondent has shared details of her DUI convictions and her remorse about them, and that Respondent told her that "she no longer drinks any alcohol at all." Dr. Schenk has seen no evidence of impairment or alcohol abuse, and believes that Respondent "recognizes the gravity of driving under the influence of alcohol, and is dedicated to making the appropriate changes going forward."

31. Aaron A. Hofmann, M.D., is a Clinical Professor of Orthopaedic Surgery and the Director of the Center for Precision Joint Replacement at the Salt Lake Regional Medical Center. He wrote a letter dated August 24, 2016. Dr. Hofmann has known Respondent for 25 years, and worked with her daily for approximately two years when she was a fellow in his Fellowship Program at the University of Utah. Respondent went to El Salvador with his Operation Walk team in 2013 and 2014, and they operated together “on many difficult surgeries.” Dr. Hofmann wrote that Respondent is in control in both professional and social settings, and “has always conducted herself in a professional manner and treated patients and staff with the upmost respect and kindness.”

32. James Burgess, M.D., is a physician in the Minor Injury Clinic at Kaiser and has worked closely with Respondent for 15 years. He wrote a letter dated November 4, 2016. He described Respondent as “a respected surgeon and conscientious clinician.” He seeks out her clinical guidance and input, and he has never questioned her clinical judgment or “had even a remote suspicion” that Respondent was under the influence of alcohol or drugs.” Respondent confided in him about the DUI’s and the embarrassment and “self-disappointment” that resulted. She told him she was working on managing her stress “in a more proactive way.”

33. Louise Pellerin, Ph.D., is the President and owner of Green Geophysics, which offers services in electromagnetic geophysical exploration. She wrote a letter dated November 4, 2016, and noted that she herself does not drink alcohol. Dr. Pellerin and Respondent have been friends for approximately 40 years, having met in college. They have had a long and close friendship. Dr. Pellerin wrote that she is not able to “recall any event in the past few years where [Respondent] had any alcohol.” She describes Respondent as honest, loyal, hardworking and determined, as well as committed to her patients.

LEGAL CONCLUSIONS

1. Business and Professions Code section 2234, subdivision (a), provides that unprofessional conduct is grounds for discipline of a physician’s certificate.

2. Business and Professions Code section 2239, subdivision (a), identifies excessive use of drugs or alcohol as unprofessional conduct. Excessive use is described as use

to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor . . . involving the use, consumption or self-administration of any of the substances referred to in this section.

Respondent's use of alcohol on July 21, 2007, and September 14, 2013, endangered others in that she drove while intoxicated. Her alcohol use placed herself and the public at risk of serious harm. Respondent's dangerous use of alcohol and two convictions for alcohol-related misdemeanors (Findings 7 through 12) established cause for discipline under section 2239, subdivision (a).

3. Business and Professions Code section 2236, subdivision (a), provides "the conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter."

Respondent's two alcohol-related convictions are clearly substantially related to her duties as a physician. In *Griffiths v. Superior Court* (2002) 96 Cal.App.4th 757, the court held that a sufficient nexus exists between alcohol-related misdemeanor convictions and a physician's competence or fitness to practice medicine:

Convictions involving alcohol consumption reflect a lack of sound professional and personal judgment that is relevant to a physician's fitness and competence to practice medicine. Alcohol consumption quickly affects normal driving ability, and driving under the influence of alcohol threatens personal safety and places the safety of the public in jeopardy. It further shows a disregard of medical knowledge concerning the effects of alcohol on vision, reaction time, motor skills, judgment, coordination and memory, and the ability to judge speed, dimensions, and distance. [¶] Driving while under the influence of alcohol also shows an inability or unwillingness to obey the legal prohibition against drinking and driving and constitutes a serious breach of a duty owed to society. . . .

(96 Cal.App.4th at pp. 770-771.)

Cause for license discipline was established under Business and Professions Code section 2236, subdivision (a), by reason of the facts set forth in Findings 7 through 12.

4. Cause for discipline having been established, the issue is the extent of discipline that should be imposed. In this regard, it is noted that the purpose of these proceedings is protection of the public, not punishment of the licensee. When possible, certificates should be placed on probation with conditions designed to enable rehabilitation and eventual reinstatement. Such a result is often appropriate the first time cause to discipline a physician is found, and is so here.

To assist in making this determination, the Board has adopted the Manual of Model Disciplinary Orders and Disciplinary Guidelines (11th ed., 2011), and "Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees" (Cal. Code Regs., tit. 16, § 1361). Under the Disciplinary Guidelines, the minimum

recommended discipline is five years' probation with standard and optional conditions that are applied depending upon the circumstances. If the licensee is found to be a substance-abusing licensee, the second set of guidelines with more stringent alcohol-related conditions is also utilized.

5. Respondent asserts that a public reprimand would be appropriate in these circumstances, but if probation is imposed, only the standard conditions are necessary. Her argument is not persuasive. Respondent is clearly a highly-trained, skilled, and respected orthopaedic surgeon. She is remorseful and has engaged in extensive self-examination regarding her use of alcohol. The evidence did not establish that she is a substance-abusing licensee or that she suffers from any other mental disorder. But the facts belie her argument that there is little risk of re-offense.

It appears that Respondent is still struggling with her relationship to alcohol. She said that she still drinks socially, but only when she is in control of the amount she is provided. Respondent's character witnesses varied in their knowledge of her drinking habits, from stating that she "does not drink" to "drinks only when hosting dinner parties" to "drinks less," to "no longer drinks at all." The heart of the matter, however, is not drinking per se; it is the exercise of good judgment. Respondent chose to drink and drive, was arrested, convicted, and was horribly embarrassed and remorseful. She explored a program. She completed a term of criminal probation. And then she drove again, this time after a night of drinking wine, then vodka, then more wine, and then some kind of nightcap. The result was a high blood alcohol content and a second DUI conviction.

As Complainant noted, the second conviction removes the possibility that the first was an aberration that will not be repeated. And Respondent is still on criminal probation for the second offense, with an interlock device on her car that prevents drinking and driving. Insufficient time has passed to conclude that the risk of re-offense is minimal. In these circumstances, public protection requires a term of probation, including abstinence and random testing.

ORDER

Physician's and Surgeon's Certificate No. G77578, issued to Karin S. Von Glinski, M.D., is revoked; however, the revocation is stayed and the certificate is placed on probation for five years under the following terms and conditions.

1. Notice of Employer or Supervisor Information

Within seven days of the effective date of this Decision, Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of any and all employers and supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's worksite monitor, and Respondent's employers and supervisors to

communicate regarding Respondent's work status, performance, and monitoring.

For purposes of this section, "supervisors" shall include the Chief of Staff and Health or Well Being Committee Chair, or equivalent, if applicable, when Respondent has medical staff privileges.

2. Controlled Substances - Abstain From Use

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, Respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If Respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide Respondent with a hearing within 30 days of the request, unless Respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

3. Alcohol - Abstain From Use

Respondent shall abstain completely from the use of products or beverages containing alcohol.

If Respondent has a confirmed positive biological fluid test for alcohol, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide Respondent with a hearing within 30 days of the request, unless Respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

4. Biological Fluid Testing

Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine, Respondent shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and Respondent.

If Respondent fails to cooperate in a random biological fluid testing program within the specified time frame, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until a final decision on an accusation and/or a petition to revoke probation has been served. An accusation and/or petition to revoke probation shall be filed by the Board within 15 days of the notification to cease practice. If Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide Respondent with a hearing within 30 days of the request, unless Respondent stipulates to a later hearing. A decision shall be received from the

Administrative Law Judge or the Board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

5. Professionalism Program (Ethics Course)

Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of title 16, California Code of Regulations (CCR) section 1358. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

6. Notification

Within seven days of the effective date of this Decision, Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities, or insurance carrier.

7. Supervision of Physician Assistants

During probation, Respondent is prohibited from supervising physician assistants.

8. Obey All Laws

Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

10. General Probation Requirements

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

11. Interview with the Board or its Designee

Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

12. Non-practice While on Probation

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws and General Probation Requirements.

13. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. License Surrender

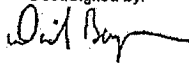
Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

16. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on

an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

DATED: January 19, 2017

DocuSigned by:

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For MARY-MARGARET ANDERSON
Administrative Law Judge
Office of Administrative Hearings

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 LAWRENCE MERCER
Deputy Attorney General
4 State Bar No. 111898
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5539
6 Facsimile: (415) 703-5480
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Aug. 16 20 16
BY [Signature] ANALYST

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 12-2013-235563

13 **Karin S. Von Glinski, M.D.**
14 **Kaiser Permanente Orthopedics**
15 **1425 South Main St.**
16 **Walnut Creek, CA 94796**

A C C U S A T I O N

17 Physician's and Surgeon's certificate No. G77578,
18 Respondent.

19 Complainant alleges:

20 **PARTIES**

- 21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California.
23 2. On or about September 15, 1993, the Medical Board issued Physician's and Surgeon's
24 certificate number G77578 to Karin S. Von Glinski, M.D. (Respondent). Said certificate is
25 current and valid and, unless renewed, will expire on July 31, 2017.

26 **JURISDICTION**

- 27 3. This Accusation is brought before the Medical Board of California (Board), under the
28 authority of the following laws. All section references are to the Business and Professions Code
unless otherwise indicated.

1 4. Section 2227 of the Code provides that a licensee who is found guilty under the
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other
4 action taken in relation to discipline as the Board deems proper.

5 5. Section 2234 of the Code provides:

6 “The Board shall take action against any licensee who is charged with unprofessional
7 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
8 limited to, the following:

9 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
10 violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical
11 Practice Act].

12 “... (e) The commission of any act involving dishonesty or corruption which is
13 substantially related to the qualifications, functions, or duties of a physician and surgeon.”

14 6. Section 2236 of the Code provides, in pertinent part:

15 “(a) the conviction of any offence substantially related to the qualifications, functions, or
16 duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this
17 chapter...”

18 “... (d) a plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed
19 to be a conviction within the meaning of this section...”

20 7. Section 2239 of the Code provides, in part:

21 “The use or prescribing for or administering to himself or herself, of any controlled
22 substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic
23 beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to
24 any other person or to the public, or to the extent that such use impairs the ability of the licensee
25 to practice medicine safely or more than one misdemeanor or any felony involving the use,
26 consumption or self-administration of any of the substances referred to in this section, or any
27 combination thereof, constitutes unprofessional conduct. The record of the conviction is
28 conclusive evidence of such unprofessional conduct.”

1 **CAUSE FOR DISCIPLINARY ACTION**

2 **(Conviction of a Crime/Substance Abuse)**

3 8. Respondent's license is subject to discipline and respondent is guilty of
4 unprofessional conduct in violation of Business and Professions Code 2234, 2234(a), 2234(e),
5 2236 and 2239 in that Respondent consumed alcoholic beverages to an extent or in such a manner
6 as to be dangerous or injurious to herself or to the public and Respondent was convicted of
7 driving under the influence of alcohol. The facts are as follows:

8 A. On September 14, 2013 at approximately 0242 hours, Respondent was observed
9 weaving her vehicle in and out of her lane of travel. After failing field sobriety tests, Respondent
10 provided breathalyzer samples, which tested at a blood alcohol level of .15 and .14 percent. At
11 Respondent's request she also completed a blood draw for a chemical test. The blood sample was
12 tested and contained 0.16% alcohol.

13 B. On February 27, 2014, Respondent entered a plea of guilty to violation of Vehicle
14 Code section 23152 (B), i.e. driving with a blood alcohol level of .08 percent or greater, a
15 misdemeanor. Respondent was placed on three years probation, ordered to serve 15 days in the
16 county jail, and required to attend and complete a post-conviction drinking driver program.

17 C. On April 13, 2015, Respondent was interviewed by a special investigator for the
18 Medical Board. At that time, Respondent disclosed that she had a prior DUI arrest from 2007.
19 The records relating to that incident were obtained by the Board and revealed that, on July 21,
20 2007, Respondent was arrested after her vehicle turned directly in front of another vehicle and her
21 blood-alcohol was measured at .11 percent. Respondent entered a plea of no contest to violation
22 of Vehicle Code section 23103.5, i.e., alcohol-related reckless driving, a misdemeanor.
23 Respondent was placed on three years probation and ordered to complete a first offender DUI
24 program.

25 9. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject
26 to disciplinary action by reason of her use of alcohol to the extent or in such a manner as to be
27 dangerous or injurious to herself or to the public, in violation of Business and Professions Code
28


1 sections 2234, 2234(a), 2234(e) and 2239, as well as her second conviction for DUI, in violation
2 of Business and Code sections 2236 and 2239.

3 **PRAYER**

4 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
5 and that following the hearing, the Board issue a decision:

- 6 1. Revoking or suspending Physician's and Surgeon's certificate Number G77578,
7 issued to Karin S. Von Glinski, M.D.;
- 8 2. Revoking, suspending or denying approval of Karin S. Von Glinski, M.D.'s authority
9 to supervise physician assistants, pursuant to section 3527 of the Code;
- 10 3. Ordering Karin S. Von Glinski, M.D., if placed on probation, to pay the Board the
11 costs of probation monitoring; and
- 12 4. Taking such other and further action as deemed necessary and proper.

13
14 DATED: 8/16/16


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant

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